

# Life Matters

The Newsletter of the St. Rose of Lima Pro-Life/Pro-Family Committee

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## St. Rose Pro-Life/Pro-Family Committee Officers

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## Same Sex Marriage, Why Not?

From the Hartford Courant, April 1, 2007

By: Leslie K. Wolfgang

Submitted by Celeste Vodola

*[The following is a letter in response to a Courant item supporting same sex marriage]*

Mr. Maher may be relieved to know that defending against divorce and unwed parenting is what motivates me and others to come out against same-sex marriage in Connecticut.

It's not easy. The climate of debate on this topic is hot. It involves labels including "backward," "ignorant" or even "bigoted." Before starting a family, I made similar remarks toward defenders of "traditional" marriage. But now that I have children and realize the importance of Daddy in the lives of families, I am willing to speak out against attempts, however unintentional, to institutionalize fatherless-ness as just another option for raising healthy children.

(Full disclosure: My husband is the director of public policy at the Family Institute of Connecticut, the nonprofit that is leading the debate against same-sex marriage.)

Inherently, when the state removes gender as a requirement for marriage, it institutionalizes and approves of the absence of a man for the prospective care and raising of families.

Set aside your concern for the obligatory fatherless-ness of children of female gay couples. If it were only them, same-sex marriage could be largely ignored. What concerns me and others is that same-sex marriage will, in the long term, further discourage men from becoming responsible parents through the social institution of marriage. Statistics show that this fatherless-ness hurts children and their mothers by making them more likely to be poor, sexually abused, under-educated and engaged in illegal behavior.

As Maggie Gallagher, president of the Institute for Marriage and Public Policy, stated during her testimony last week at the Capitol, "When a child is born, there is bound to be a mother somewhere close by. If we want fathers to be involved in raising their children and supporting the mothers of their children, there's a cultural process by which we teach the next generation of men and women that fathers have an obligation to children and their mothers, and the word for that is `marriage.'"

Consider young men: Their societal conditioning to provide for children and their mothers is already weak. Their delicate cultural indoctrination to marriage will be further eroded if, as Sen. Edith Prague said, "it could be Adam and Adam, it could be Eve and Eve." Our youngest generations, relying on the rule of law to help them form their minds as to what society expects, will take the senator's suggestion to its logical conclusion that because they are optional, fathers don't really matter for marriage and children.

We have forgotten as a society that the state's interest in marriage is not to validate mutual affection. If that were so, the state would issue friendship certificates or mutual-admiration badges. The purpose of licensing marriage is to encourage the most stable environments for raising well-adjusted future citizens. By licensing marriage without regard to gender, the state will present absentee fatherhood as an equally good alternative for raising children. It wasn't long ago The New York Times reported that "from a child's point of view, according to a growing body of social science research, the most supportive household is one with two biological parents in a low conflict marriage."

In a self-centered, adult-centric world, however, marriage has become a political weapon and a tool to influence public opinion. Gay activists have not hidden their agenda to use marriage to increase tolerance. I and others are not unsympathetic to the young children of gay parents paraded at the Capitol, their small, illiterate hands holding signs pleading for "equality" under Connecticut law. What goes unseen, however, and is impossible to calculate for generations, is the compounding effect the state's removal of gender from marriage and parenting will have.

Don't think for a moment that changing Connecticut's matrimonial laws will only create a different form at the local clerk's office. The consequences of gay marriage - intended and unintended - will trickle into every part of life touched by government.

Indeed, the well-heeled, pro-gay marriage lobbyists at our Capitol are counting on it. Not untouched will be our permits, tax-exempt charitable status for religious entities, insurance premiums, contractor requirements - and not least of all, our children's curriculum, their activities and school environment.

Polyamory and polygamy advocacy groups monitor our headlong stampede to gay marriage because when marriage becomes defined by only a number, numbers are easy to change. The truth is, the effect on marriage, cohabitation, unwed births and absentee fathers will be unknown for many years.

I was a preschooler when Connecticut passed its laws permitting unilateral divorce; a teenager when it seemed no marriage was safe from separation. As a young adult, I observed young women, distanced from the protection of their fathers, fall into serial sexual relationships, promiscuity and single parenthood. As a mother, I weep for single parents and their children, struggling against the statistical undertow of violence, addiction and poverty.

Are gay people responsible for all this? Certainly not. But fatherless-ness is no small contributing factor. The state has a responsibility to promote fatherhood within marriage in every possible venue; not deinstitutionalize it, abrogate it or equalize it into something meaningless, so that a politically savvy few can more quickly gain wider acceptance for their adult affections.

*Leslie K. Wolfgang is a mother and a lawyer in Waterbury and a member of the Connecticut Commission on Children, a public policy group created by the state legislature in 1985.*

## **Is NFP Just Catholic Birth Control?**

By: Fr. Tom Euteneuer  
Human Life International

Published in: Spirit & Life Video Email, Friday, 4/13/07  
Submitted by: Helga Roegele

Hello, I'm Fr. Tom Euteneuer, President of Human Life International. Welcome to the second mini-catechesis on contraception. Today I pick up from the previous topic of how contraception leads to abortion, and I will address the topic of why natural family planning is not just "Catholic birth control"—as some have said. To do this, it is important to clarify just exactly what the actual teaching of the Church is with regard to the transmission of human life.

First, what the Church means by "openness to life" is simply that no sexual act must be directly and deliberately sterilized by chemicals, devices or surgeries done for the purpose of frustrating fertility. This position was the consensus position of all Christian Churches, not just the Catholic Church, until 1930 and has long been understood as the reason why the Scriptures see sterility as a curse, most especially when it is deliberately chosen. When the Church says that each conjugal act must be open to life, it

does not mean that each act must produce a child! God Himself has created the fertility cycles of the female body so that it is not even possible for most conjugal acts to be fertile.

Second, the Church's teaching is that married couples should not sterilize their intentions either. That is, it is not just the act that can be cut off from God's life but also the hearts of the people who are supposed to be co-creators with God and following His command to "be fruitful and multiply." Any means of rejecting God's sovereignty over fertility or the conjugal act is sinful.

Third, the Church teaches that not only the act and the intent but the couple's circumstances also matter in making a moral decision about childbearing. Married couples may have legitimate recourse to the infertile periods for the conjugal act when they have a just or serious reason to space the births of their children. This means that while the attitude of generosity toward childbearing is of primary importance, the Church also recognizes that there are times when couples have a legitimate, non-selfish, reason to space the births of their children. Pope Paul VI calls this "responsible parenthood" in his 1968 encyclical *Humane Vitae* presuming always that people will use both reason and prayerful discernment in deciding to postpone childbearing for the right reasons. The call to generosity is never meant to violate reason or crush people in degrading or inhumane conditions.

Nor must we forget that NFP is not only effective in spacing births but also in achieving pregnancy! That too is a legitimate need of many people in today's day and age.

These teachings are the basis of why NFP is not to be considered "Catholic birth control." While both an NFP couple and a contracepting couple may achieve the same end of avoiding a pregnancy, the means to that end are very different. Couples who use NFP do not sterilize any conjugal act but rather cooperate with the natural cycles without artificially overriding fertility. The NFP couple sees the need to postpone childbirth based upon serious and just reasons and not just lifestyle considerations. NFP fosters an attitude of generous stewardship towards childbearing that contraception rejects. And most importantly, the NFP couple uses self-control by the practice of periodic abstinence every month, a discipline foreign to the contracepting couple.

Skeptics don't call NFP unrealistic because it has a track record of failure. They dismiss it because usually they have never tried it!

Finally, as I said in the last catechesis, contraception breeds selfishness, lack of self-control, and leads very easily to abortion. If the culture of death is marked by promiscuity, broken relationships, sterilized conjugal acts and ultimately the death of babies by abortion, then NFP is its antidote. NFP is the culture change that will truly transform this culture of death that we live in. It is no

wonder why NFP couples generally have a much lower divorce rate and a higher rate of marital stability and satisfaction. You know a tree by its fruit, as they say!

Well, I end this catechesis on NFP by challenging all single people to live chastely before marriage which is the best preparation for the practice of periodic abstinence within marriage. I also challenge all married couples to be truly open to God's invitation to be co-creators with Him in the act of bringing new life into the world. You don't just build a family this way, you also build up God's Kingdom and ultimately populate heaven with God's children.

Finally, please remember to help evangelize our culture by forwarding this catechesis to others who may need to hear it. You can do so by clicking the forward button at the bottom of this screen, and if you wish more resources on this subject please go to the sidebar of this email or to our website at [hli.org](http://hli.org) to hear the teachings of the experts. Stay tuned for our next catechesis on the subject of overpopulation and population control—it should be interesting!

Church Militant, keep up the good fight for the soul of our nation! May God bless you!

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## **Safe Haven**

Submitted by Celeste Vodola

Many people do not know that Connecticut has a Safe Haven Act for newborn babies. This law allows any mother of a baby up to thirty days old to leave the child at a hospital emergency room. As long as the child has not been abused, no questions will be asked and the police will not be contacted. This law allows women in desperate situations to provide a safe future for their children rather than abandoning them in dangerous locations or under dangerous circumstances. If a mother is willing, she can give her name, contact information, and the child's medical history. It is not required to answer any of these questions. Mothers are given information on their rights and how to contact the Department of Children and Families (DCF). The baby then goes into custody of DCF. DCF will put together a plan for the baby to allow the baby to be cared for and adopted. The birth mom has thirty days or more to change her mind before her parental rights are terminated. Knowledge of this compassionate law can help pregnant women and mothers of newborns to chose life and safety for their children. For more information, you can call infoline 211 free of charge, or contact the Department of Children and Families at [www.state.ct.us/dcf\\_](http://www.state.ct.us/dcf_) [[http://www.state.ct.us/dcf\\_](http://www.state.ct.us/dcf_)]

## **Testimony: Judith M. Mascolo, M.D.**

Supporting Parental Notification  
At the Informational Hearing On Parental  
Notification  
Before the Select Committee on Children  
April 27, 2007 Hartford, CT

Submitted by Helga Roegele

Good morning. My name is Dr. Judith Mascolo and I am a Board Certified Family Physician and a graduate of the University of Connecticut School of Medicine. I have been practicing Family Medicine for 12 years. The first four years I worked in public health clinics in St. Paul, MN. Over the past eight years I have worked in private practices in Minnesota and Connecticut. I currently practice in West Hartford. In the last twelve years, I have provided primary care, gynecologic care and mental health diagnosis and treatment to thousands of teens and young women.

An abortion is never a routine medical procedure. It is not comparable to giving a vaccine, piercing a girl's ears or even surgically removing a skin lesion. Even a medical abortion, or RU486, which does not require the use of surgical instruments and anesthesia, unless there is a complication, is not comparable to giving a teenage girl an antibiotic for a strep throat or a facial cream to treat acne. Yet, in Connecticut I cannot do any of these things to a patient under the age of 18 without parental consent. I cannot even see a teen under the age of 18 in my office unless a parent or guardian has given me permission to do so, and this is how it should be.

However, when it comes to abortion, we have a schizophrenic view of a teenager's ability to make her own health care decisions. This same teen, who cannot seek care for a sore throat, can walk alone into an abortion clinic and consent to a major medical procedure that will almost certainly have a lasting traumatic effect on her life for years to come.

Abortion, for any woman, but especially for teens, carries serious and sometimes deadly health risks. These risks are well documented in the medical literature. In this country 10% of women who have an induced abortion will have immediate complications. Some of these can be described as "minor" such as infections, fevers, bleeding, chronic abdominal pain, gastro-intestinal problems, vomiting and Rh sensitization. The most common "major" immediate complications include infection of the uterine lining or infection of the fallopian tubes, hemorrhage, embolism (blood clot), ripping or perforation of the uterus, cervical injury, endotoxic shock, and anesthesia complications such as respiratory distress, heart attack and seizures. (1)

These immediate complications are usually treatable. However, even when they are treated, they can often lead to long-term and permanent reproductive damage. Infections of the fallopian tubes or uterus commonly cause sterility. Perforation of the uterus often is treated

by a hysterectomy. Up to 5% of women who abort are left sterile. (2) The risk of sterility is much higher for women who have an untreated venereal disease at the time of the abortion. (3)

Ectopic pregnancies are up to 8 times more likely after a post-abortion infection and these can be life threatening if not detected early. If the woman survives, she almost always experiences reduced fertility in the future. (4)

Cervical damage is another leading cause of post-abortion complications. Cervical lacerations can be severe enough to require suturing or microscopic enough to evade detection, but either way, this damage to the cervix during a surgical abortion will often result in its permanent weakening. (5) The medical term for this is "incompetent cervix", and it can raise the risk of miscarriage, premature birth, often resulting in delivery of seriously sick babies, abnormal development of the placenta which threatens future pregnancies, or complications of labor during later pregnancies by as much as 300-500%. (7)

The effects of abortion on subsequent pregnancies are even more acute for women who abort their first pregnancy. As many as 48% of women in this group experienced abortion-related complications in later pregnancies. There were 2.3 miscarriages for every one live birth. (8) Another study looking at reproductive damage due to induced abortion found that women who have had abortions have a 58% greater risk of dying during a later pregnancy. (9)

A 1997 government study in Finland looked at pregnancy associated deaths of women over a seven year period. This study found that women who abort are about four times more likely to die in the following year than women who carry their pregnancies to term.

The researchers found that compared to women who carried to term, women who aborted in the year prior to their deaths were 60% more likely to die of natural causes, seven times more likely to die of suicide, four times more likely to die of injuries related to accidents and 14 times more likely to die from homicide. This higher rate of deaths related to accidents and homicide is thought to be linked to the higher rate of suicidal or risk-taking behavior. (10)

The leading causes of abortion-related maternal deaths within a week of the surgery are hemorrhage, infection, embolism, anesthesia and undiagnosed ectopic pregnancies. Legal abortion has been reported as one of the leading causes of maternal death in the United States, although it is recognized that most abortion-related deaths are not officially reported as such. (11)

The abortion breast cancer connection also needs to be addressed. Between 1957-2003, 28 out of 39 medical studies have shown an increased risk of breast cancer associated with an induced abortion. A meta-review of these studies showed this risk to be 30%. That could mean that there are an additional 5,000 new cases of breast cancer each year in this country attributed to

abortion and these are disproportionately among younger women. (12)

As of 2006, eight American medical organizations recognize that abortion increases the risk of breast cancer independently of the risk of delaying the birth of a first child. In 2003, the Association of American Physicians and Surgeons issued a statement calling on doctors to inform patients about a "highly plausible" relationship between abortion and breast cancer.

How does all this relate to teens who seek abortions? All the complications described above certainly include teenage girls who have abortions, but there is one important distinction to make: Teenage girls who decide to have an abortion are more likely to delay the abortion, thus making the procedure more risky to her. The Centers for Disease Control has documented that 30% of teenage abortions occur at or after 13 weeks gestation compared to only 12 % of all overall abortions. (13)

Teens who have late-term abortions (after 12 weeks) are at higher risk for serious long-term physical complications including uterine infections, adhesions in the uterus, pelvic inflammatory disease, cervical incompetence, future miscarriages, ectopic pregnancies, perforated uterus, and death. Irrespective of when the abortion is performed (i.e., first, second or third trimester), teens are still twice as likely as compared to older women to experience cervical lacerations. The risks for cervical lacerations are greater for teens because their cervixes are smaller, making it more difficult to dilate or grasp with instruments. (14) Furthermore, women under the age of 17 experience twice the normal risk of suffering cervical damage because of the fact that their cervixes are still undeveloped. (15)

Teens are more likely to suffer from serious pelvic and uterine infections following an abortion because their bodies are not fully developed and do not produce the bacteria found in the cervical mucous of older women which are essential to protect them from infection. (16)

Another cause for post-abortive infection in teens is due to the spread of undetected sexually transmitted disease, which is epidemic in our teenage population today. During a surgical abortion, the surgical instruments act as a conduit in transmitting an STD into the uterus. (17) With this increase in post-abortion infection, teens experience an increase risk of infertility, ectopic pregnancy and hysterectomy. (18)

Teens are more likely to abort their first pregnancy and therefore increase their risk of breast cancer. Research has shown that a full term birth at a young age can have a protective effect on a woman's risk of breast cancer, but that induced abortion of a first pregnancy carries a 30 to 50 percent increased risk of breast cancer. (19)

In addition to the above physical risks of abortion, there are a large number of emotional and psychological problems that are well documented in the medical literature among teenage girls and older women who have

had an induced abortion. As a practicing physician, I have seen many young and older women with a history of abortion present to my office with symptoms of insomnia, depression, anxiety, suicidal behavior, risk-taking behavior such as promiscuity, and alcohol and drug abuse. There are excellent well-controlled studies done on the psychological damage abortion does to women. One that was published last year has sent shock waves through the pro-abortion community. Dr. David Fergusson of Christchurch School of Medicine and Health Sciences in New Zealand studied 1,265 women in a longitudinal study that began in 1977 and continues today. His results were published in the *Journal of Child Psychology and Psychiatry* in early 2006. He and his colleagues found that 42% of women who aborted reported major depression by age 25, 39 % reported diagnoses of anxiety disorders, 27% reported suicidal ideation, 6.8% reported alcohol addiction and 12.2% were abusing drugs. Pre-existing factors of mental illness or substance abuse was corrected for in this study and these women were compared to women who delivered a child as well as to women who never got pregnant. (20)

Other studies have looked at the psychological effect of abortion on teens and these too have concluded that these teens are more likely to develop psychological problems, have increased drug and alcohol use, have a higher rate of sleep disturbances, are nine times more likely to engage in risk-taking behavior, and are two to four times more likely to commit suicide (21)

Another well-documented consequence of teenage abortions is the often seen cycle of a replacement pregnancy which usually also ends in abortion. Replacement pregnancies are symptomatic of young women who have unresolved abortion-related issues and as a result, desire to replace the lost pregnancy with another child. (22) Up to 59% of teens who have had an induced abortion become pregnant again within 15 months. These subsequent pregnancies usually are aborted because the mother faces the same pressure as she did with the first pregnancy. Teens who have had one abortion are 4 times more likely to have a second abortion when compared to their peers. Twenty percent of teens who have abortions obtain a second abortion within one year and 38% obtain a second abortion within five years. (23)

The issue of informed consent in this discussion needs to be raised. Informed consent is a basic patient care principle that every medical student learns before seeing his or her first patient. It involves full disclosure by the physician to the patient, or if the patient is a minor child, to the parent or guardian, about all the risks entailed in that particular procedure or treatment. Implied in the principle of informed consent is the notion that the patient is competent to understand the risks she faces.

There are two important questions to consider regarding informed consent that I want to conclude with today. First, are these teenage girls, or any woman who seeks an

abortion, getting full disclosure of the medical and psychological risks this procedure presents? In my own experience with patients who have had abortions, they were never told about most of the risks that I have discussed today. And finally, how can a teenage girl not be competent enough to consent to have her ears pierced, yet in the case of abortion, where the risks can be severe and life-threatening, she can go into an abortion clinic alone and consent to a procedure that could have profound permanent physical and psychological consequences?

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## The Birth of Pro-Life

By; Fred Dwyer

Just recently we celebrated the feast of Pentecost. The Holy Spirit descended upon the Apostles and the Christian Church was born. The Apostles received the courage to go forth and spread the truth. Was this also the birth of Pro-Life? No. When Cain slew Abel he would not admit the act to God. Cain knew that killing was wrong. When Moses received the 10 Commandments we again received a clear admonition not to kill. Mankind has since the beginning of time understood that killing is wrong. We know the living have a right to life. Yet we have over and over again proven capable of the most grave disregard of this right. The strong kill the weak. The indifferent watch unfortunates waste away, and the greedy profit from their brother's and sister's deaths.

Now there are those who claim to kill for compassionate reasons. Abortion saves desperate mothers from the burden of children. Euthanasia saves ill patients from suffering pain, but such acts are still the taking of life. Good people can be misled by the guise of compassion, or perhaps just hesitate to openly oppose that which appears to be widely accepted. Good people can be fearful of how others will view them if they speak against popular opinion. Because of Pentecost the Apostles were able to conquer their fears and go out to profess the truths of Jesus Christ. Can we conquer our similar fears? It's easy to oppose the mass murders committed by a dictator, our friends all agree with us. It's more difficult to oppose abortion and euthanasia, some disagree. Because of Pentecost, and as members of Christ's Church, members of the Body of Christ, we have the Holy Spirit to guide and inspire us. Listen to Him. Find the courage. Stand up for all that is Pro-Life where and whenever an issue is raised. We, with the help of the Holy Spirit, can make a difference. We can cause the Pro-Life spirit to again be born in those who have let it wither. We must speak out, to our families, our friends, our legislators. If we don't, who will?.

## Planned Parenthood Confesses To Committing More Abortions Than Ever

Reported by Life Decisions International April 30, 2007  
on: <http://www.fightpp.org/>

Submitted by: Fred Dwyer

WASHINGTON, D.C.--"Planned Parenthood operates the most proficient killing machine in the United States," said Douglas R. Scott, Jr., president of Life Decisions International (LDI). "Planned Parenthood claims to prevent the 'need' for abortion while simultaneously working to increase its share of the lucrative abortion market."

"In 2005 alone, Planned Parenthood accepted money to put a 'hit' on 264,943 preborn human beings," Scott said. "And just like other paid killers, a failure to slay the intended victim would have been considered 'a complication.'" The 2005 figure represents an increase of 3.9 percent over 2004.

Planned Parenthood has confessed to having sold 1,245,506 "emergency" birth control kits in 2005 (nearly 26.6 percent more than in 2004). Every Planned Parenthood "clinic" dispenses "emergency" birth control. Most prescribe it over the phone and accept orders over the Internet, without conducting an examination. In the vast majority of cases, "emergency" birth control causes an abortion.

The Planned Parenthood Federation of America (PPFA) is expected to release its 2005-2006 Annual Report within the next few months. "One can be sure that in addition to killing more human beings than ever before, Planned Parenthood will have taken in more money than ever before," Scott said. PPFA's income is rapidly approaching the \$1 billion mark. "One can also be sure that Planned Parenthood will end up with tens of millions of dollars in 'excess revenue over expenses,' which is known to most people as 'profit.'"

"Planned Parenthood is in the death business and nobody does it better," Scott said. "Unfortunately for preborn children, abortion seems to be the only part of Planned Parenthood's business that can be called 'provably successful.' Unfortunately for the whole world, abortion is also the most atrocious part of the goliath's business." Planned Parenthood generated an estimated \$100 million from committing abortions in 2005 alone.

*Life Decisions International will publish a full analysis of PPFA's "services" for 2005 in the May-June 2007 edition of its newsletter, The Caleb Report.*